

and staff with little or no experience with computers can develop a program for automating the basic managerial and operational functions of their library. This, of course, is the first step toward an integrated information management system, as conceptualized by the Matheson report for academic health sciences libraries [1]. For the hospital library, this means an active role in integrating and managing information as well as the traditional functions of storage and retrieval.

## REFERENCES

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*Received May 1984; accepted August 1984.*

### **From Skills Lab to Learning Resource Center: Transformation Through Collaboration**

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**A** SOMETIMES SERENDIPITOUS, sometimes calculated interplay of curriculum revision and creative sharing of expertise in nursing education and information science at the University of Cincinnati has changed a multimedia lab from a fundamental skills lab into a more integrated, comprehensive resource facility—a Learning Resource Center. This transformation was the result of a collaboration among a nurse educator, an audiovisual cataloger, a librarian, and a library administrator, all of whom recognized the responsibility of libraries and audiovisual centers to reflect changes taking place in education.

### **PHILOSOPHICAL AND ADMINISTRATIVE BACKGROUND**

Located in the College of Nursing and Health are two information resource centers: the Learning Resource Center (LRC), which is an audiovisual collection, and the library, which is primarily a print collection.

Until July 1984, the LRC and the library were administratively separate. The LRC reported to the dean of the College of Nursing and Health, while the library reported to the director of the Medical Center Libraries (MCL). The MCL consisted of decentralized units, including the Health Sciences Library, the Media Resources Center, the History of Health Sciences Library and Museum, and the Nursing and Health Library, all widely scattered on the medical center campus.

The LRC began in the 1960s as two separate entities: a small cache of audiovisual materials and a skills laboratory. The audiovisuals, housed in a small storage space, were distributed by a secretary. In another location, the skills lab was used at the discretion of each clinical instructor. An early curriculum change that eliminated the traditional fundamental nursing course, combined with the increasing availability and acceptance of audiovisuals, justified the use of federal capitation funds in 1968 for an expanded audiovisual facility. The resulting renovation joined the skills practice laboratory to the audiovisual collection in one center.

Following this renovation, a major expenditure was made for an autotutorial program of nursing skills. Thereafter, the teaching of fundamental skills depended upon a fully functioning audiovisual facility. Because of this dependency, the entire area became identified as a skills laboratory. Both faculty and students referred to the "skills lab" whether their business was practicing intramuscular injections or ordering a film for a gerontology class.

In addition to the physical changes, the College of Nursing and Health was again to undergo major philosophical changes. The curriculum was revised to emphasize the role of independent adult learning. Students were encouraged to identify individual learning styles and develop independent lifelong learning skills. This change revitalized interest in the skills lab and expedited change in function and perception of the multimedia facility. The facility was renamed the Learning Resource Center and given a more comprehensive perspective. Its roles included: (1) audiovisual library, (2) audiovisual production, (3) audiovisual classroom support, and (4) nursing skills practice laboratory.

Despite the new name and newly delineated functions, the audiovisual collection remained uncataloged, somewhat disorganized, and physically inaccessible.

#### LEARNING RESOURCE CENTER/LIBRARY LINKAGES

Within this framework, the LRC and the Nursing and Health Library worked to shape their respective collection development, materials organization, and instructional efforts. While both organizations shared a goal of actively supporting and enhancing the education, research, and patient-care activities of the college, the two areas ran parallel courses. Both the physical and philosophical changes in the college encouraged a reevaluation and reshaping of responsibilities and priorities. Information searching skills for both print and nonprint materials were stressed as primary building blocks for effective nursing knowledge, practice, and research. While these changes mainstreamed the LRC and the library into the teaching process, they placed added responsibility on the LRC to make its collection more accessible to students and faculty at a time when budget and staff restraints limited its ability to reorganize. Together, the LRC and the MCL began to explore ways in which their available resources, both collections and staff, could complement one another through a series of links between the two organizations.

#### CATALOGING THE LRC COLLECTION

The administrative separation of the LRC and the MCL made it difficult for the LRC to take advantage of the cataloging and collection organization expertise of the MCL Technical Services Department. The only access to the largely closed-stacks collection was through the director or the audiovisual assistant and a list of software divided by general subject areas.

When funding was made available through the Ohio Area Health Education Center (AHEC) in February 1981 for an online union list of audiovisual software programs owned by the health sciences libraries of Ohio's seven medical schools, it seemed the perfect opportunity to improve access to the collection at the LRC. The Health Sciences Library at Wright State University, Dayton, Ohio, coordinated the resulting Ohio Health Audiovisuals Online Catalog (OHAVC). It was developed through the cooperative efforts of the health sciences libraries of the following Ohio schools: Wright State University, University of Cincinnati,

Case Western Reserve University, Northeastern Ohio Universities College of Medicine, Medical College of Ohio at Toledo, Ohio University, and Ohio State University. As a result, the Nursing and Health LRC collection became the only independent nursing collection included in the database. The MCL audiovisual catalog librarian and the LRC cooperated in arranging and classifying the 500 titles of this collection according to a standard cataloging guide, *Anglo-American Cataloging Rules*, 2d edition (AACR2). In further efforts to improve access, open stacks were used to free LRC staff from the task of distributing programs. This improved organization of the LRC collection somewhat, but access still needed improvement.

The students in the College of Nursing and Health are required to use the collections of a number of libraries—the Nursing and Health Library, the LRC, and the Health Sciences Library on the medical campus, and the University Libraries system on central campus with its departmental units. Although the first two of these libraries are located in the same building, the other two are located in facilities one-half mile away in opposite directions. Library users in one facility cannot determine what is available in another library without going to that location—a situation which certainly discourages independent and integrated learning.

The entire University of Cincinnati library community has been planning an automated catalog/circulation system since January 1981. As originally planned, the automated catalog/circulation system would allow nursing students to access the collections in all facilities except the LRC from any location. It would also allow the hospital nursing staff, as well as other health professionals in the medical center, to use collections in the College of Nursing and Health Library.

Early plans did not include the LRC because it was not an official "library," reporting to the director of a library jurisdiction, and it therefore was not part of the original funding package. Because of the relationships and cooperative efforts that developed between LRC and MCL staff, the inclusion of the LRC in future planning became important both in the College of Nursing and Health and the MCL. As a result, plans for the installation of the automated cataloging/circulation system have been expanded to include not only holdings of the University Libraries on the central campus and holdings in the MCL, but also records of materials available in the LRC. The work done to prepare the records for input into the OHAVC

system proved invaluable for adaptation to this online system. When the system is completed, nursing students and hospital nursing staff will have access to materials in the LRC, the MCL, and University Libraries from locations in their college or hospital.

### JOINT EDUCATIONAL EFFORTS

As mentioned, the revised curriculum placed strong emphasis on the development of a more sophisticated nursing student, knowledgeable in information-searching skills for both print and non-print materials. The directors of the LRC and the Nursing and Health Library worked jointly to develop a teaching unit designed to meet these needs. The class has become a required part of the freshman nursing course "The Student as an Adult Learner."

A multifaceted instructional approach has been used to teach basic library and research skills to undergraduate students. Classroom instruction, a self-study workbook, and a videotape program were

developed to teach students about the organization and unique services of the LRC and the library, the development of search strategies based on specific information needs, the effective use of specialized indexes and abstracts, and the identification of alternative information resources. Students have been encouraged to explore their individual learning styles and to combine print and nonprint materials to support their educational and research efforts.

### CONCLUSION

By combining forces, the LRC and the library are beginning to be recognized as important building blocks to be used jointly for effective nursing knowledge, practice, and research. Through a creative sharing of expertise, both organizations have effected positive change that better enables them to meet the needs of nursing faculty and students in an integrated learning environment.

*Received May 1985; accepted November 1984.*